

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/568654

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6	1					
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
13		1				
14		1				
15		1				
16		1				
17		1				
18		1				
19		1				
20	1					
21	1					
22		1				
23		1				
24		1				
25		1				
26	1					
27		1				
28	1					
29	1					
30		1				
31		2				
32		2				
33	1					
34	1					
35		1				
36		1				
37		2				
38		2				
39	1					
40	1					
41		1				
42		1				
43		2				
44		2				
45	1					
46	1					
47	1					
48		1				
49		2				
50		1				
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		20				
52		20				
53		20				
54		20				
55		20				
56		①				
57		20				
58		20				
59		①				
60		20				
61		①				
62		20				
63		①				
64	1					
65		20				
66		①				
67	1					
68		1				
69		2				
70		①				
71		①				
72	1					
73		1				
74		1				
75		3				
76		3				
77		①				
78		①				
79		①				
80	1					
81		1				
82		1				
83		3				
84	1					
85		1				
86		1				
87		3				
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	19	↓		↓		↓
TOTAL DEP.	274	←		←		←
TOTAL CLAIMS	293					